



2023 INCOME TAX ORGANIZER

| | | Taxpayer(s) | | | | |
|------|---------------|------------------------|--------------------|-------|------------|-----------------|
| Name | Date of Birth | Social Security Number | Driver's License # | State | Issue Date | Expiration Date |
| | | | | | | |
| | | | | | | |

| | | | | | |
|---------|--|-----------------|--------|---|--|
| Address | | Home Number | () | - | |
| | | Cell Number | () | - | |
| Email | | | | | |
| County | | School District | | | |

| | | Dependents | | | |
|------|---------------|------------------------|--------------|---------------------|--|
| Name | Date of Birth | Social Security Number | Relationship | Income over \$1,250 | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |

INCOME TAX PAYMENTS AND REFUNDS

***Please include any IRS or State notices received**

2022 Federal Amount \$ _____ Paid / Refund / Applied to 2023

2022 State Amount \$ _____ Paid / Refund / Applied to 2023

2022 State Amount \$ _____ Paid / Refund / Applied to 2023

| <u>Estimated Payments</u> | <u>Federal \$</u> | <u>Date Paid</u> | <u>State \$</u> | <u>Date Paid</u> |
|----------------------------------|--------------------------|-------------------------|------------------------|-------------------------|
| 2022 4 th quarter | _____ | _____ | _____ | _____ |
| 2023 1 st quarter | _____ | _____ | _____ | _____ |
| 2023 2 nd quarter | _____ | _____ | _____ | _____ |
| 2023 3 rd quarter | _____ | _____ | _____ | _____ |
| 2023 4 th quarter | _____ | _____ | _____ | _____ |

Date of divorce or legal separation

Please provide the following documents:

- Form **1095-A** (Marketplace Health Insurance)
- Forms **W-2** for wages, salaries and tips
- **All Forms 1099** for non-employee compensation, interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, unemployment, etc.
- **1099-B** Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule **K-1** from partnerships, S corporations, estates and trusts
- If you or your spouse purchased or sold a principal residence or real estate, please include a copy of the **1099-S and closing statement**.
- Information concerning all other sources of income including commissions, alimony received, jury duty, tips & gratuities, director's fees, bartering, etc.

SCHEDULE B: INTEREST & DIVIDENDS

(Complete only if no 1099 was received)

*TSJ is taxpayer, spouse or owned jointly.

INTEREST INCOME

| TSJ | Name of Payer | Ordinary | US Bonds | Tax Exempt |
|-----|---------------|----------|----------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DIVIDEND INCOME

| TSJ | Name of Payer | Ordinary | Qualified | Capital Gain Distribution |
|-----|---------------|----------|-----------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CAPITAL GAINS OR LOSSES

| TSJ | Description | Date Acquired | Date Sold | Sales Price | Cost or Basis |
|-----|-------------|---------------|-----------|-------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

VIRTUAL CURRENCY

At any time in 2023, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

No ____ Yes ____ (supply documentation)

SCHEDULE C: BUSINESS INCOME/EXPENSE

| | |
|--------------------------------------------------------------------|---------------------|
| Business Name _____ | Name of owner _____ |
| Address _____ | Tax ID # _____ |
| Type of business or profession, including product or service _____ | |

INCOME

| | | | |
|-------------------------|--------|-------|--------|
| | Amount | | Amount |
| Gross Receipts or Sales | | Other | |

****Include copies of ALL 1099's******EXPENSE**

| | | | |
|---------------------------------------|--------|-------------------------|--------|
| | Amount | | Amount |
| Advertising | | Rent | |
| Commissions & fees | | Repairs and maintenance | |
| Contract labor | | Small tools & supplies | |
| Employee health benefits | | Taxes & licenses | |
| Employee pension | | Travel | |
| Insurance | | Meals | |
| Mortgage interest (include Form 1098) | | Utilities | |
| Other Interest | | Wages | |
| Legal & professional | | Payroll Taxes | |
| Office expense | | Telephone | |

Office in Home

Rent paid \$ _____

House insurance \$ _____

Mortgage Interest \$ _____

Property Taxes \$ _____

Utilities \$ _____

Total Square Ft of Home _____

Square Ft of Office/storage _____

Auto Expense \$ _____

(Gas, oil, insurance, repairs, license, etc.)

Miscellaneous Expenses: (List)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Beginning Inventory \$ _____

Ending Inventory \$ _____

Material/Goods Purchased \$ _____

Auto mileage for the year _____

Percentage auto used for business _____ %

SCHEDULE E: RENTAL INCOME/EXPENSE

| Property Description | | | | | |
|------------------------------------------|--|--|--|--|--|
| Rental Income | | | | | |
| Advertising | | | | | |
| Insurance | | | | | |
| Legal, Professional | | | | | |
| Management Fees | | | | | |
| Mortgage Interest (Include Form 1098) | | | | | |
| Other Interest | | | | | |
| Repairs | | | | | |
| Supplies | | | | | |
| Taxes | | | | | |
| Utilities | | | | | |
| Other | | | | | |

Net Income _____

SCHEDULE F: FARM INCOME/EXPENSE****Include copies of ALL 1099's******INCOME**

| | Amount | | Amount |
|----------------------------------------------|--------|-------------------------------------|--------|
| Purchased Livestock Sold (bought for resale) | | Agricultural Payments (1099-G) | |
| Cost of Purchased Livestock Sold | () | CCC Loans Reported as Income | |
| Raised Livestock Sold (not breeding) | | Crop Insurance Proceeds (1099-MISC) | |
| Raised Grain (sold to member coop) | | Custom Hire (1099-NEC) | |
| Raised Grain(sold non-member coop/private) | | Hedging Gain (1099-B) | |
| Patronage Div (1099-PATR) | | Reimbursements/Refunds | |
| Patronage Div (1099-PATR) | | | |
| Patronage Div (1099-PATR) | | | |
| | | | |

EXPENSE

| | Amount | | Amount |
|---------------------------------------|--------|--------------------------------|--------|
| Chemicals | | Rent (machinery, building) | |
| Custom hire | | Rent (land) | |
| Depreciation | | Repairs and maintenance | |
| Feed | | Seeds and plants | |
| Fertilizers & lime | | Storage/warehousing | |
| Freight & trucking | | Supplies & Small Tools | |
| Gasoline, fuel, & oil | | Real Estate Taxes (farm share) | |
| Insurance- Property | | Real Estate Taxes (home) | |
| Insurance-Crop | | Telephone | |
| Mortgage interest (include Form 1098) | | Utilities | |
| Other interest (include Form 1099) | | Veterinary, medicine | |
| Wages paid | | Breeding Fees | |
| Employee Health Insurance | | Dues, Subs | |
| Employee Medical Reimbursements | | Grain drying | |
| Employee Pension | | Check off | |
| Payroll Taxes | | Sealed Grain Repurchased | |
| Meals for help | | Hedging Losses (1099-B) | |
| Legal, Accounting, Professional | | | |

Truck Expense \$ _____
 (Gas, oil, insurance, repairs, license, etc.)

Truck Interest Paid 2023 \$ _____
 TOTAL mileage for the year _____
 FARM mileage for the year _____

Miscellaneous Expenses: (List)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Gas Tax Refunds: (ONLY for Off-road use and tax was paid)

Number of gallons gas _____

Number of gallons diesel _____

DPAD _____

SE Health Insurance \$ _____

BREEDING LIVESTOCK BOUGHT/SOLD

[illegible]

DEPRECIATION REVISIONS

List all machinery, equipment, buildings, etc., acquired, traded, or sold during the year.

Column 1: (BN) – item Bought New, (BU) – item Bought USED, (S) - item SOLD, (T) - item TRADED IN

BOUGHT OUTRIGHT: complete columns 1, 2, 4, 5

SOLD: complete columns 1, 2, 3, 4, 5, 6

TRADED: For the traded asset (T) complete columns 1, 2, 3, 4, 5, 6 (list the trade-in allowance price)

-On a separate line - For the newly acquired asset, (B-N or B-U) complete columns 1, 2, 4, 5(list the price before trade in)

***Include purchase paperwork**

[illegible]

TAX CREDITS**Child Care Credit**

| Name of provider | ID# | Address | Amount |
|------------------|-------|---------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Education ExpensesPlease provide all copies of **Form 1098-T, 1099-Q and** college detailed billing statements.

| Name of Student | Tuition and Fees Paid | Course Materials | School Type |
|-------------------------|-----------------------|------------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| 529 Plan Distributions: | Child's name _____ | \$ _____ | State _____ |
| 529 Plan Contributions: | Child's name _____ | \$ _____ | State _____ |
| | Child's name _____ | \$ _____ | State _____ |

Energy Credits

Did you make any energy efficient improvements to your main home this year? Yes No

| Description of work done | Cost |
|--------------------------|-------|
| _____ | _____ |
| _____ | _____ |

Examples of improvements that may be eligible for a credit would include insulation, exterior windows, exterior doors, certain furnaces, certain air conditioners, certain circulation fans, solar energy property, qualified metal roofs, wind energy property, and geothermal property. Please provide any bills or invoices relating to these items.

BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT OR WITHDRAWAL

Bank Name: _____ Routing Number: _____

Checking _____ Savings _____ (check one) Account Number: _____

Direct Deposit Yes / No Direct Withdrawal (for amount due) Yes / No Date of withdrawal _____

Any additional information not included in these forms:
